



Department of Medical Assistance Services  
600 East Broad Street, Suite 1300  
Richmond, Virginia 23219

[www.dmas.virginia.gov](http://www.dmas.virginia.gov)

# MEDICAID MEMO

**TO:** All Level C Residential Treatment Providers and Managed Care Organizations (MCOs) Participating in the Virginia Medical Assistance Program

**FROM:** Patrick W. Finnerty, Director  
Department of Medical Assistance Services (DMAS)

**MEMO** Special  
**DATE** 12/27/2005

**SUBJECT:** New Federal Requirements Regarding the Compliance with Seclusion and Restraint Regulations – Effective Immediately

The purpose of this memorandum is to inform you of new federal requirements for the validation of compliance with the seclusion and restraint regulations pertaining to children's psychiatric residential treatment, effective immediately. Compliance with the regulations is a condition of participation in the Virginia Medicaid Residential Treatment Program. The relevant regulations can be found in 42 CFR, Part 483, Subpart G § 483.350-483.376. These regulations apply only to residential treatment providers (Level C), not community-based residential treatment providers (Levels A & B).

To ensure compliance with the regulations, periodic validation surveys for compliance with the seclusion and restraint regulations are required. Another new requirement is an annual letter of attestation. Previously, the letter of attestation was only required when the facility enrolled as a Medicaid provider and with any change in the facility's chief executive officer (CEO). The letter must be submitted to DMAS by July 21 each year. A sample letter of attestation is attached. Please send annual letters of attestation to:

Provider Enrollment  
Department of Medical Assistance Services (DMAS)  
600 East Broad Street, Suite 1300  
Richmond, VA 23219

Each year, the Virginia Department of Health (VDH) will conduct an unannounced validation survey with twenty percent (20%) of the providers. The purpose of this survey is to validate the annual attestation correspondence (regarding compliance with the federal seclusion and restraint regulations) submitted by the provider. DMAS and CMS (Centers for Medicare and Medicaid Services) will be informed of any identified compliance issues and will monitor the correction of

any deficiencies. For additional information, please refer to the following link on the CMS website ([www.cms.hhs.gov/medicaid/survey-cert/sc0413.pdf](http://www.cms.hhs.gov/medicaid/survey-cert/sc0413.pdf)).

Providers are also reminded of the CMS requirement pertaining to the reporting of serious occurrences as provided in 42 CFR § 483.374. The facility must report each serious occurrence to DMAS, the Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS), and the Virginia Office of Protection and Advocacy. Serious occurrences that must be reported include a resident's death, a suicide attempt, and a serious injury (such as burns, lacerations, bone fractures, substantial bruising, and internal organ injuries).

Please note that DMHMRSAS has additional reporting requirements for compliance with licensing and human rights regulations. Questions regarding additional reporting requirements should be directed to the local DMHMRSAS licensing specialist or the local human rights representative.

These changes will be included in an upcoming revision to the DMAS *Psychiatric Services* Provider Manual. Thank you for your participation in the Virginia Medicaid Program. If you have any questions or wish to report an occurrence, please contact Shelley Jones at DMAS at 1-804-786-1591 or by email at [shelley.jones@dmass.virginia.gov](mailto:shelley.jones@dmass.virginia.gov).

## **ELIGIBILITY AND CLAIMS STATUS INFORMATION**

DMAS offers a web-based Internet option (ARS) to access information regarding Medicaid or FAMIS eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification. The website address to use to enroll for access to this system is <http://virginia.fhsc.com>. The MediCall voice response system will provide the same information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

## **COPIES OF MANUALS**

DMAS publishes electronic and printable copies of its Provider Manuals and Medicaid Memoranda on the DMAS website at [www.dmass.virginia.gov](http://www.dmass.virginia.gov). Refer to the Provider Column to find Medicaid and SLH (State and Local Hospitalization Program) Provider Manuals or click on "Medicaid Memos to Providers" to view Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet or would like a paper copy of a manual, you can order it by contacting Commonwealth-Martin at 1-804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates requested.

**“HELPLINE”**

The “HELPLINE” is available to answer questions Monday through Friday from 8:30 a.m. to 4:30 p.m., except on state holidays. The “HELPLINE” numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the “HELPLINE” is for provider use only. Please have your Medicaid Provider Identification Number available when you call.

**PROVIDER E-NEWSLETTER SIGN-UP**

DMAS is pleased to inform providers about the creation of a new Provider E-Newsletter. The intent of this electronic newsletter is to inform, communicate, and share important program information with providers. Covered topics will include changes in claims processing, common problems with billing, new programs or changes in existing programs, and other information that may directly affect providers. If you would like to receive the electronic newsletter, please sign up at [www.dmas.virginia.gov/pr-provider\\_newletter.asp](http://www.dmas.virginia.gov/pr-provider_newletter.asp).

Please note that the Provider E-Newsletter is not intended to take the place of Medicaid Memos, Medicaid Provider Manuals, or any other official correspondence from DMAS.

Attached Number of Pages: (1)

(Date)

Provider Enrollment  
Department of Medical Assistance Services (DMAS)  
600 East Broad Street  
Suite 1300  
Richmond, Virginia 23219

To Whom It May Concern,

By this letter, I am attesting that I have read the seclusion and restraint regulations for psychiatric residential facilities for recipients under 21 and that my facility is in compliance with the Centers for Medicare and Medicaid Services (CMS) rule. The regulations are found in 42 CFR Part 483 Subpart G § 483.350-483.376.

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Facility Director (Print or Type)

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Facility Name

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Medicaid Provider Number

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Address

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Sincerely,

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Facility Director